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**Arizonans for Children** 

1112 W. Camelback road • Phoenix, AZ 85013

**Phone:** 602-252-2270 **Fax:** 602-492-9729

**Web:** www.arizonansforchildren.org

**Volunteer Application**

|  |
| --- |
| **Please indicate volunteer interest(s):** Tutor/Mentor Visitation Center Cooking Dance: Craft Supervised Visit Other  |

~~\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_~~ **PART I: Personal Information**

Please print clearly:

|  |  |  |  |
| --- | --- | --- | --- |
| **Date**  | **Social Security Number**  | **Date of birth** (MM/DD/YYYY)  | **Gender** Male Female |
| **Race** |
| American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Some other race Two or more races  |
| **Full name: First Middle Name**  | **Maiden Name** |
| **Home address**  | **Spouses Name** |
| **City**  | **State**  | **Zip** |
| **Home phone**  | **Cell Phone**  | **Work phone**  | **Marital Status**  |
| **Email address**  | **Driver’s license number State issued** |
| **Have you ever been convicted of a crime?** No Yes (Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| **Do you have any health issues or physical conditions that should be noted?** No Yes (Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| **Do you have any mental health issues (current or past)?** No Yes (Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| **Do you have any substance-abuse issues (current or past)?** No Yes (Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| **Do you object to our agency running a background check on you?** No Yes (Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| **Education level:**  | **Language(s) spoken:** |

|  |
| --- |
| **Please describe any previous volunteer experience:** |
| **What time(s) work best for your schedule?** After school After 5 p.m. Weekends During business hours |
| **Emergency contact**  | **Phone**  | **Relationship** |

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|  |
| --- |
| **Special training, skills, hobbies** |
| **How did you hear about Arizonans for Children?** Friend/relative Newspaper AFC Web site Other Web site Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PART II: Employment History**

Please provide employment information for the past five years, with most recent position first. If more space is needed, use an extra sheet of paper.

|  |  |
| --- | --- |
| **Would you like us to keep your employer abreast of your volunteer service and achievement?**  | Yes No |
| **Employer** |
| **Address** |
| **City**  | **State**  | **Zip** |
| **Phone**  | **Your Position/Title** |
| **Supervisor’s Name**  | **Supervisor’s Position/Title** |
| **Dates of Employment** (MM/YYYY) From To |
| **Employer** |
| **Address** |
| **City**  | **State**  | **Zip** |
| **Phone**  | **Your Position/Title** |
| **Supervisor’s Name**  | **Supervisor’s Position/Title** |
| **Dates of Employment** (MM/YYYY) From To |
| **Employer** |
| **Address** |
| **City**  | **State**  | **Zip** |
| **Phone**  | **Your Position/Title** |
| **Supervisor’s Name**  | **Supervisor’s Position/Title** |
| **Dates of Employment** (MM/YYYY) From  | To |

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**PART III: Personal References**

Please list the names, addresses, and phone numbers of three people you would like to use as character references (only people you have known for at least a year). Include one relative. Any information Arizonans For Children (AFC) gathers from these references will be held as confidential and not released to you, the applicant.

|  |
| --- |
| **Relative’s Name** |
| **Address** |
| **City**  | **State**  | **Zip** |
| **Phone**  | **Email** |
| **Relationship**  | **How long known** |
|  |
| **Name** |
| **Address** |
| **City**  | **State**  | **Zip** |
| **Phone**  | **Email** |
| **Relationship**  | **How long known** |
|  |
| **Name** |
| **Address** |
| **City**  | **State**  | **Zip** |
| **Phone**  | **Email** |
| **Relationship**  | **How long known** |

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**PART IV: Program-Specific Information**

Tutor/mentor and Life Book volunteers only:

|  |
| --- |
| **Please list all members of your household (Tutor/mentor and Life Book volunteers only):** Name Gender Age Relationship |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Please rate your comfort level in working with the following age groups (Tutor/mentor and Life Book volunteers only): 1** = I prefer working with this age group **2** = I feel pretty comfortable working with this age group **3** = I feel uncomfortable with this age group **K – 5th grade 6th – 8th grade 9th – 12th grade** |
| **Tutor/mentors only:** Please tell us about any additional background experience, skills, interests, that you have that might enhance your ability to work with a particular child, youth, or teen: |

**Please read this carefully before signing:**

Please initial each of the following:

\_\_\_\_\_\_\_ I agree to follow all AFC program guidelines and understand that any violation will result in suspension and/or termination. \_\_\_\_\_\_\_ I understand that AFC is not obligated to provide a reason for their decision in accepting or rejecting me as a volunteer.

I understand I must return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

• Copy of valid ID and vehicle registration

• Confidentiality Policy Agreement

•

I have read and understand the program’s rules, regulations, and responsibilities for becoming a volunteer. If selected, I will follow the policies and procedures of the program and be a dedicated, trustworthy volunteer. I agree to meet the time commitment I sign up for.

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions. **Signature Date**

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**Arizonans for Children** 

1112 W. Camelback road • Phoenix, AZ 85013

**Phone:** 602-252-2270 **Fax:** 602-492-9729

**Web:** www.arizonansforchildren.org

**Information Release**

**All volunteers:** Please mail or fax completed form to Arizonans for Children (AFC).

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand it will be necessary for AFC to conduct a background check regarding my driving record, criminal history, personal references, and employment.

I authorize AFC to obtain any needed information regarding my driving record, legal/criminal history, character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in AFC programs. Further, I provide permission for AFC to conduct the same investigation of my background in previous states in which I have resided.

Further, if I am applying for a program involving a one-on-one match, I understand that information about myself will be anonymously (without my name) shared with a prospective foster youth and his/her parent(s)/guardian(s) to aid in determining a suitable match. Once a match is determined, my identity and any other information known about me may be shared with the youth and parent/guardian to ensure a safe and successful mentor relationship.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ :

**DISCLOSURE AND AUTHORIZATION**

**FOR CONSUMER REPORTS**

In connection with my application for employment or volunteer services or my continued employment or volunteer services with **Arizonans for Children, Inc**., I understand consumer reports will be requested by you (“Company”). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of employers, salary, reason for termination of employment, work experience, education, accidents, substance abuse, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers’ compensation claims, judgments, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with employers, past or current associates of mine, etc.) to gather information regarding my work performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

If I am hired, or accepted as a volunteer, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period or volunteer service.

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**Authorization**

**I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above mentioned information.**

**This authorization is conditioned upon the following representation of my rights:**

I understand that I have the right to make a request to the consumer reporting agency: PDQ Legal Services (“Agency”), 7890 E. McClain Drive, Suite 3, Scottsdale, AZ 85260, telephone number (877) 870-6660, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on Company’s behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency’s privacy policy at their website: www.pdqlegal.com

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here: ◻ By entering my email address here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I acknowledge that I would like the report emailed to me.

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (MST) Monday through Friday) to obtain all information in the Agency’s file for my review. I may obtain such information as follows: (1) In person at the Agency’s offices, which address is listed above. I can have someone accompany me to the Agency’s offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency’s information with this third party; (2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; (3) By telephone, if I have previously provided proper identification in writing to Agency; and (4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law, and I acknowledge receiving a copy of same \_\_\_\_\_\_\_\_ (initial here if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave., Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

In connection with my application for employment, I direct the following regarding my current employer: (please check one) Yes, my current employer may be contacted \_\_\_\_ . / No, my current employer cannot be contacted \_\_\_\_ . / N/A \_\_\_\_\_ . /

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights \_\_\_\_\_\_\_\_ (initial here).

**Signature Date**

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**Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

• **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information. • **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if: • a person has taken adverse action against you because of information in your credit report;

• you are the victim of identity theft and place a fraud alert in your file;

• your file contains inaccurate information as a result of fraud;

• you are on public assistance;

• you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information. • **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

• **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

• **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old. • **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

• **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore. • **You many limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888- 567-8688).

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court. • **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact: TYPE OF BUSINESS:**

**CONTACT:**

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1.a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates

b. Such affiliates that are not banks, savings associations, or credit unions also should list,

a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552 b. Federal Trade Commission: Consumer

in addition to the CFPB: Washington, DC 20580 (877) 382-4357

2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks

b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending

companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act

c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations

d. Federal Credit Unions

a. Office of the Comptroller of the Currency Customer Assistance Group

1301 McKinney Street, Suite 3450

Houston, TX 77010-9050

b. Federal Reserve Consumer Help Center P.O. Box. 1200

Minneapolis, MN 55480

c. FDIC Consumer Response Center

1100 Walnut Street, Box #11

Kansas City, MO 64106

d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO)

1775 Duke Street

Alexandria, VA 22314

3. Air carriers Asst. General Counsel for Aviation Enforcement & Proceedings

Aviation Consumer Protection Division

Department of Transportation

1200 New Jersey Avenue, S.E. Washington, DC

20590

4. Creditors Subject to the Surface Transportation Board

5. Creditors Subject to the Packers and Stockyards Act, 1921

Office of Proceedings, Surface Transportation Board

Department of Transportation

395 E Street, S.W. Washington, DC 20423 Nearest Packers and Stockyards

Administration area supervisor

6. Small Business Investment Companies Associate Deputy Administrator for Capital Access

United States Small Business Administration

409 Third Street, S.W., 8th Floor

Washington, DC 20416

7. Brokers and Dealers Securities and Exchange Commission

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